

U.S. Army Dental Command



DoD CONTRACTOR DENTAL PRE-DEPLOYMENT REQUIREMENTS

COL Mark Bodenheim
IMA Commander, Reserve Affairs,
CLICK ARROW DKEY TO ADVANCE EACH SLIDE

While aspiring to be the most esteemed institution in the Nation, we will remain the most respected Army in the world and the most feared ground force to those who would threaten the interests of the United States. Our commitment to meeting these challenges is reflected in our core values: Integrity, Professionalism, Readiness, and Transformation. The Army's People -- soldiers and civilians -- active and reserve -- retirees, veterans, and families. Soldiering is, and always will be, an "Affair of the Heart". Every day in The Army we do two things: we train soldiers and we grow them into leaders. The Army inspires soldiers to have the



MOBILIZATION DENTAL REQUIREMENTS: READ, DOWNLOAD FROM ADCS WEB PAGE www.dencom.army.mil

Dental Command

- [DENCOM Commander](#)
 - [Email Comments to DENCOM Commander](#)
- [Class 3 Powerpoint \(32 mb\)](#)
- [Mission/Vision](#)
- [Health Promotion / Prevention](#)
- [Policies](#)
- [Commander's Guide](#)
- [Dental Health Education Model \(DENASAM\)](#)
- [Mobilization Dental Requirements](#)
- [Demobilization Dental Requirements](#)



- [Weekly News](#)
- [Lab Services](#)
- [Shipping](#)
- [FedEx](#)
- [Contacts](#)

Joining the ADCS

- [Why Join?](#)
- [How to Join](#)
- [Financial Aid](#)
- [Advanced Ed](#)
- [Dental School Alumni](#)
- [Health Professions Loan Repayment Program](#)

DENCOM Sergeant Major

- [Notes from Sergeant Major](#)
- [BLAST - Basic Leadership and Supervisory Training](#)
- [Promotions](#)
- [Assignment](#)
- [Education](#)
- [NCOER's](#)
- [Leadership](#)

Dental Agencies

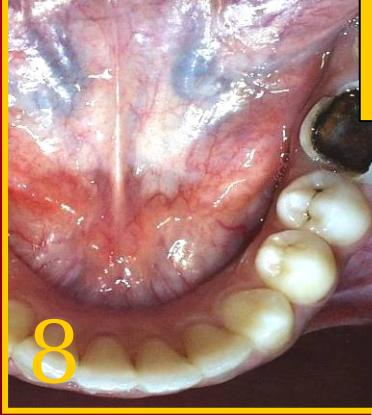
- [DENTAL PERSCOM](#)
- [Graduate Dental Education](#)
- [Tricare Dental Plan](#)
- [Reserves](#)

DENTAL CLASS 1 OR 2 = “GO” DEPLOYMENT

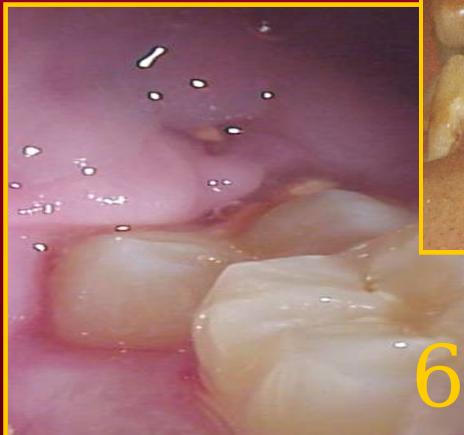
- Dental Class 1 - Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
- Dental Class 2 - Patient has some oral conditions, but you **do not** expect these conditions to result in dental emergencies within 12 months if not treated, (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).

DENTAL CLASS 3 OR 4 = “NO GO” DEPLOYMENT STANDARD

- **Dental Class 3** – Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated.
- **Dental Class 4** – Patient requires a current examination in order to determine if they are Class 1, 2 or 3. A current examination is one that has taken place within 365 days of the processing date.



DENTAL CLASS 3 CONDITIONS



PREVENT DENTAL EMERGENCIES: DEPLOY IN DENTAL CLASS 1 OR 2

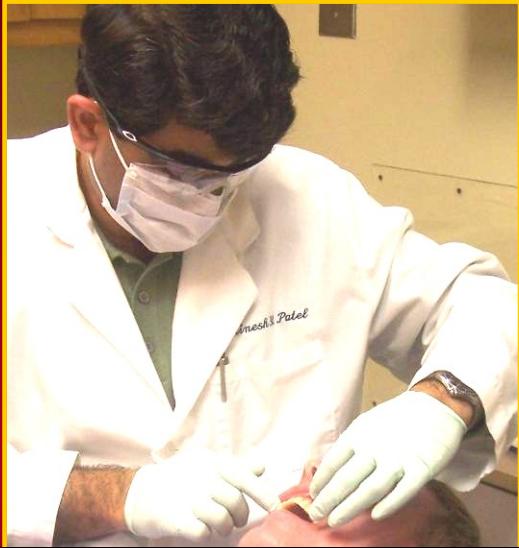


**WAR TIME THEATRE
HAS LIMITED DENTAL
SERVICES**

**EMERGENCY DENTAL
CARE DISRUPTS WAR
FIGHTING CAPABILITIES**



DENTAL REQUIREMENTS



DENTAL EXAM



CL3

TREATMENT

DD2813

**COMPLETE ALL & CORRECTLY DOCUMENT
DD2813 = "GO" DEPLOYMENT STANDARD**

U.S. Army Dental Command

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINAT				
<p>The public reporting burden for this collection of information is estimated to average 3 minutes per response. In gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information (including suggestions for reducing the burden) to Department of Defense, Washington Headquarters, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that no penalty will be imposed for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</p>				
PRIVACY ACT STATEMENT				
AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397.		ROUTINE	DISCLOSURE	
PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.		information health nee		
1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)		2. SOCIAL SECURITY NUMBER		
4. UNIT OF ASSIGNMENT		5. UNIT ADDRESS		
6. EXAMINATION RESULTS				
<p>Dear Doctor,</p> <p>The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This form is to be used to determine the dental health of the member for worldwide duty. Please mark (X) the condition of the member, using as a suggested minimum a clinical examination with minor radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care.</p>				
<p>(1) Patient has good oral health and is not expected to require dental treatment or restorative procedures.</p> <p>(2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal involvement, edentulous areas not requiring immediate prosthetic treatment).</p> <p>(3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)</p> <ul style="list-style-type: none"> (a) Infections: Acute oral infections, pulpal or periapical pathology, chronic periodontal lesions and lesions requiring biopsy or awaiting biopsy report. (b) Caries/Restorations: Dental caries or fractures with moderate or advanced restorations or temporary restorations that patients cannot maintain for 12 months. (c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment, communication, or acceptable esthetics. (d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to severe periodontal abscess, progressive mucogingival condition, moderate to heavy periodontal manifestations of systemic disease or hormonal disturbances. (e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with history or symptoms of pathosis that are recommended for removal. (f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring treatment. <p>(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient and describe the condition(s) below:</p> <p>(5) Were X-rays consulted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DATE X-RAY WAS TAKEN _____</p> <p>7. DENTIST'S NAME (Last, First, Middle Initial)</p> <p>8. DENTIST'S ADDRESS (Street)</p> <p>9. DENTIST'S TELEPHONE NUMBER (Include Area Code)</p> <p>10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER</p> <p>11. DA FORM DD FORM 2813, MAR 2003</p> <p>PREVIOUS EDITION MAY BE USED.</p>				

DD FORM

DoD contractors shall present to the Army SRP dental station with a correctly completed DD2813 indicating they are ready for

The minimum clinical exam consists of the use of a mirror, probe &

The DD2813 is a static document. Any change in classification requires a new DD2813 to be completed.

Correctly completed DD2813

1) Dental Readiness Class-
box 1 or 2 checked
for deployable GO status.

6. EXAMINATION RESULTS

Dear Doctor,

The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing films. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.

(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.

(2) Patient has some oral conditions, but you do not expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).

(3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)

(a) **Infections:** Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.

(b) **Caries/Restorations:** Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.

(c) **Missing Teeth:** Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.

(d) **Periodontal Conditions:** Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.

(e) **Oral Surgery:** Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathology that are recommended for removal.

(f) **Other:** Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted? YES NO IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)

7. DENTIST'S NAME (Last, First, Middle Initial)

8. DENTIST'S ADDRESS (Street, City, State, 9-digit ZIP Code)

9. DENTIST'S TELEPHONE NUMBER (Include Area Code)

10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER

11. DATE OF EXAMINATION (YYYYMMDD)

DD FORM 2813, MAR 2003 PREVIOUS EDITION MAY BE USED.

CLASS 3 DD2813

2) Dental Readiness Class 3
conditions documented

Class 1 or 2 required to meet “GO” deployment status.
Complete class 3 treatment then document DD2813.

a. NAME OF ADDRESSEE		b. CITY ADDRESS	
6. EXAMINATION RESULTS Dear Doctor, The individual you are examining is an Active Duty/Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bitewing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.			
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Correctly completed DD2813

3) X-rays
consulted
& dated

U.S. Army Dental Command

a. NAME OF ADDRESSEE		b. CITY ADDRESS	
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10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER		11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003

PREVIOUS EDITION MAY BE USED.

Correctly completed DD2813

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DD FORM 2813, MAR 2003

PREVIOUS EDITION MAY BE USED.

4)
Civilian
dentist
informati
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on
U.S. Army Dental Command
complete

Correctly completed DD2813

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11. DATE OF EXAMINATION (YYYYMMDD)	

DD FORM 2813, MAR 2003

PREVIOUS EDITION MAY BE USED.

5) Exam date is current or U.S. Army Dental Command within 365

GO DoD Contractor Processing



Army
Deployment
Processing
Center

DD2813



Dental
Processing
Station



Army 2
Deployment
Tracking
System

GO
Class
1
Class
2

NO GO DoD Contractor Processing



Army
Deployment
Processing

GO
Class 1
Class 2



Dental
Processing
Station

DD281
3



Army
Deployment
Tracking
System



Army
Deployment
Tracking
System



Dental
Processing
Station



Local Dentist
Exam/treatment

NO GO
Class 3
Class 4

SUMMARY

- **Army Dental Care System shall not provide exam or treatment services-may perform quality assurance examinations as needed.**
- **Deployment delays, exam and treatment expenses are DoD contractor's responsibility.**
- **Obtain pre-deployment exam and treatment prior to arriving at Army processing center.**
- **Bring correctly documented DD2813.**